Docket No.: 17N

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plu names are listed below) of the subject matter which is claimed and for which a patent is sought on this invention entitled:

		NICKEL-I	BASE ALLOY						
the application of	which								
OR X	is attached hereto								
· —	was filed on, as United States Application Number								
•	I have reviewed and t specifically referre		the above-identified specifica	ation, in	cluding the	claims, as an			
I acknowledge the §1.50.	duty to disclose infe	ormation which is material t	o patentability as defied in T	itle 37 C	ode of Fed	eral Regulatio			
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365 (b) of any foreign application(s) patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other tha United States of America, listed below and have also identified below any foreign application for patent of inventor's certificate any PCT international application having a filing date before that of the application on which priority is claimed.  Priority Claimed?									
(Number	র)	(Country)	(Day/month/year filed)	Y	N				
(Number)		(Country)	(Day/month/year filed)	Y	N				
Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto									
I hereby claim the	benefit under Title	35, United States Code §119	(e) of any United States pro	visional	application	n(s) listed bel			
(Applica	ntion Number)	(Filing Date)							
Additional p	rovisional applicatio	on numbers are listed on a su	applemental priority data she	et attach	ed hereto.				
international appli claims of this appl first paragraph of	cation designating the cation is not disclorable Title 35, United States	he United States of America sed in the prior United State ted Code §112, I acknowled	O of any United States Applic , listed below and, insofar as s or PCT international applic ge the duty to disclose inform 1.56 which became available	the subj ation in ation w	ject matter the manne hich is mat	of each of the r provided by erial to			

I hereby appoint the registered practitioners associated with Customer Number 30952 to prosecuted this application and to trans

App\_ID=10065225 Page 4 of 5

application and the national or PCT international filing date of this application.

Address all telephone calls to Gary M. Hartman at telephone number 219-462-4999.

Address all correspondence to the correspondence address for Customer Number 30952.

all business in the Patent and Trademark Office connected therewith.

Docket No: 17MY-7.

I hereby declare that all statements made herein of my own knowledge are true and that all states made on information and belief are believed to be true; and further that these statements were mad with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wil false statements may jeopardize the validity of the application or any patent issued thereon.

**SOLE OR FIRST INVENTOR:** 

Full Name:	Cyril Gerard Beck							
	First Name	Middle Name		Last Name				
Signature: _			Date:					
Residence:	Greenville, SC City and State		Citizenship: _	United States				
Post Office Address: 200 Belmont Stakes Way, Greenville, South Carolina								
SECOND J	OINT INVENTOR:							
Full Name:	John Herbert Wood First Name	Middle Name	<del></del>	Last Name				
Signature: _			Date:					
Residence:	St. Johnsonville, NY City and State	· · · · · · · · · · · · · · · · · · ·	Citizenship:	United States				
Post Office Address: 170 Smolik Road, St. Johnsonville, New York								
THIRD JOI	NT INVENTOR:							
Full Name:	Stephen Daniel Grahan	n						
		Middle Name		Last Name				
Signature: _			Date:					
Residence:	Simpsonville, SC City and State		Citizen	ship: <u>United States</u>				
Post Office Address: 105 Wolf Run Dr., Simpsonville, SC								

Page 2